

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
FEDERAL VICTORY FUND

A. Blasdel for Congress Full Name (Last, First, Middle Initial) Mailing Address 16428 Harvard Avenue City East Liverpool State OH Zip Code 43920 Purpose of Disbursement Contrib.- OH 6th US House Dist. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.7392 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00
B. Coloradans for Rick O'Donnell Full Name (Last, First, Middle Initial) Mailing Address 6117 Holman Street City Arvada State CO Zip Code 80004 Purpose of Disbursement Contrib- CO 7th US House Dist. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.7394 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00
C. Foltin for Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 847 City Lorain State OH Zip Code 44053 Purpose of Disbursement Contrib.- OH 13th US House Dist. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.7396 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)